

Fetal Alcohol Spectrum Disorder FASD

FASD is a term used to describe a spectrum (group) of disorders caused by prenatal (before birth) exposure to alcohol.

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Look at the chart and say the COLOUR not the word

YELLOW BLUE ORANGE

BLACK RED GREEN

PURPLE YELLOW RED

ORANGE GREEN BLACK

BLUE RED PURPLE

GREEN BLUE ORANGE

Left - Right Conflict

Your right brain tries to say the colour but your left brain insists on reading the word.

There is no known safe amount of alcohol during pregnancy.

Fetal Alcohol Spectrum Disorder (FASD) is a complex disorder resulting in brain damage from prenatal exposure to alcohol.

FASD is an umbrella term used to describe the range of effects that may include physical, mental, behavioural, and/or learning disabilities with possible lifelong implications.



Outline

- Introduction
- Basic Facts of FASD
- Diagnosis
- Interventions
- Strategies for the classroom
- Closing



No two individuals are affected by prenatal alcohol exposure in the same way.

Fetal Alcohol Spectrum Disorder includes:

- Fetal Alcohol Syndrome (FAS)
- Partial Fetal Alcohol Syndrome (pFAS)
- Alcohol Related Neurodevelopmental Disorder (ARND)
- Alcohol Related Birth Defects (ARBD)

Effects range from a combination of physical characteristics and birth defects, to severe and mild forms of cognitive and neurological damage we cannot see.



The effect of alcohol on the fetus is determined by the amount of alcohol consumed, the drinking pattern, stage of development, maternal nutrition, genetics and other medical factors within a pregnancy.

Alcohol Equivalents

Each of these contains about the same amount of alcohol



Beer



Table
Wine



Fortified
Wine



Hard
Liquor

Basic Facts of FASD

Alcohol exposure during the three stages of pregnancy

- 50% of women drink alcohol before they realize they are pregnant
- First Trimester: alcohol interferes with the migration and organization of brain cells
- Second Trimester: causes more clinical features of FAS than at other times during pregnancy
- Third Trimester: the hippocampus is greatly affected, which leads to problems with encoding visual and auditory information

The brain of an infant who died from Fetal Alcohol Syndrome (left) looks very different from the brain of an infant who died from other causes.



The effects from prenatal exposure to alcohol are

- Unique to every individual
 - Permanent
 - Often invisible
- Last throughout the lifespan

FASD is everywhere!

- FASD is the most common known non-genetic cause of mental deficiency in western civilization
- It crosses every race and socio-economic class in society
- It is estimated that 1 in 100 North Americans may be affected by prenatal exposure to alcohol
- The dangers of drinking during pregnancy were noted in England in the 1700's, but it wasn't until 1973 that Fetal Alcohol Syndrome was formally identified

The disabilities associated with FASD

The disabilities are divided into two types:

- **Primary disabilities**
 - are the direct result of prenatal alcohol damage
 - are present at birth
 - are permanent (throughout the lifespan)
- **Secondary disabilities**
 - are not present at birth
 - may be preventable with appropriate interventions

Primary Disabilities

- Individuals with FASD may have a range of primary disabilities, resulting in difficulties with:
 - Cognition
 - Behaviour
 - Development
 - Physical appearance and health
- The cognitive disabilities are often the most disabling and the least visible.
- (see Table #1)

Someone with FASD might have difficulty with:

- Predicting Outcomes
- Understanding cause and effect
- Processing/Comprehension
- Arithmetic
- Reality
- Memory (confabulation, gaps)
- Staying still
- Making good decisions
- Sensitivity to environment (light, sound, scents, stimulus)
- Impulse control
- Paying attention
- Abstract concepts
- Understanding social rules
- Generalizing information
- Understanding rules and consequences
- Stealing
- Physical birth defects
- Appropriate behaviour

Individuals with FASD may also have many strengths:

- Musical ability
- Artistic talents
- Writing and poetry skills
- Mechanical ability
- Computer skills
- Compassionate
- Friendly, good sense of humour
- Kind and sensitive
- Hard working, task orientated

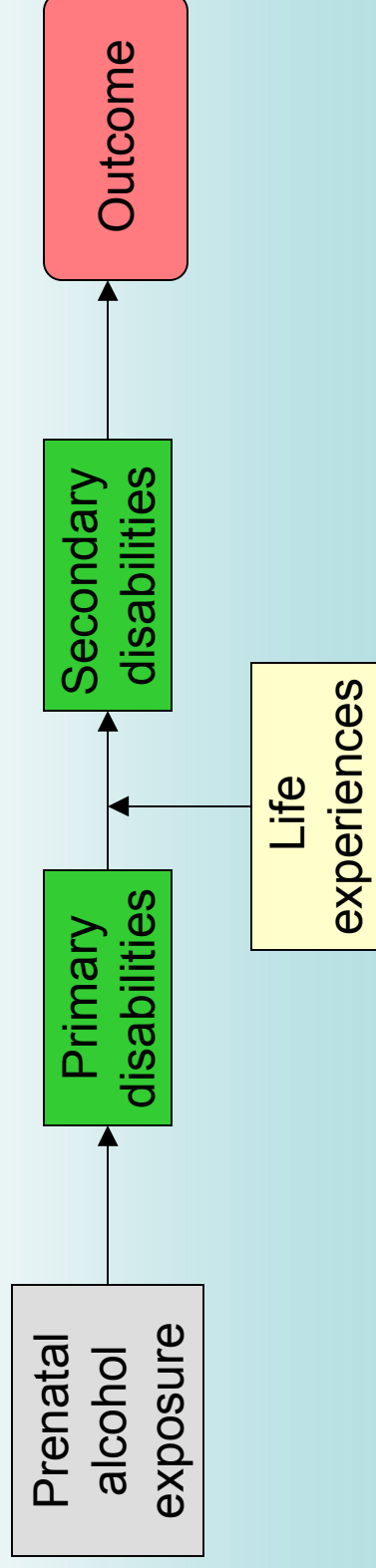
Secondary Disabilities

- Secondary disabilities are not present at birth
- These disabilities result from the interaction of the individual's primary disabilities with their life experiences
- (see Table #1)

Common Secondary Disabilities:

- Frustration, aggression, and low self-esteem
- Disrupted school experiences
- Easily manipulated
- Trouble with the law
- Mental health, drug and alcohol problems
- Inappropriate sexual behaviours
- Unemployment
- Dependent living and homelessness
- Problems with parenting
- Premature death

For any affected individual, their situation in life is determined by their disabilities and their life experiences.



Diagnosis

Most individuals with FASD do not have a formal medical diagnosis.

- Medical diagnosis is often difficult to access
- FASD may look like many other disorders
- The lack of a diagnosis should not be used to limit an individual's access to services

The benefits of diagnosis are significant

- Diagnosis helps the individual understand that their brains are 'different' and may identify their strengths
- Early diagnosis has been proven to prevent secondary disabilities
- Medical conditions (such as heart defects) may be identified during the diagnostic process
- The legal system may take the diagnosis into consideration

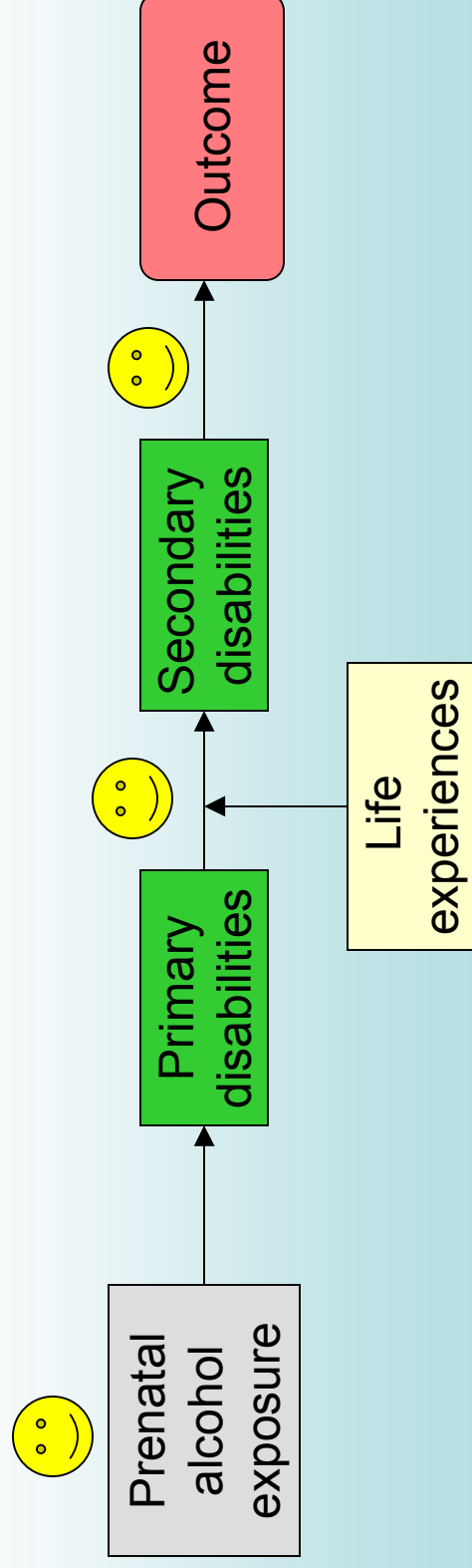
Diagnosis may also be helpful for an individual's caregivers and service providers.

- Having a diagnosis may reduce frustration. The individual can be seen as one who **can't** not one who **won't**.
- The diagnosis may direct service providers towards appropriate strategies to support the individual.

However, it is important that services be provided even if the diagnosis is not available.

Interventions

For an affected individual, their situation in life is determined by their disabilities and their life experiences, including any interventions.



Appropriate intervention at these stages may improve the outcome.

Prevention

Prevention of fetal exposure to alcohol is the best intervention.

Education, Shifting Attitudes, Changing Behaviours

Effective prevention includes:

- Increasing public awareness, campaigns
- Educating the community on their responsibility to help prevent FASD
- Professional education
- Understanding addictions
- Development of policy
- Recognizing & modifying social patterns of alcohol use
- Provision of support services for women and families
- Educating youth to understand outcomes of alcohol consumption

Shifting the Paradigm...

From seeing the child as:

Won't

Annoying
Lazy, unmotivated
Lies
Fussy
Acting immature
Attention seeking
Inappropriate

Professional shifts from

Helplessness, hopelessness
Fear
Chaos, confusion
Power struggles
Isolation

To Understanding the child:

Can't

Frustrated, challenged
Tries their best, tired of failing
Confabulates, fills in blanks
Over or under-stimulated
Being developmentally affected
Requires understanding and support
Inability to understand socially appropriate behaviour

To feelings of

Empowerment, hope
Understanding
Organization, comprehension
Working with, networking, collaboration
Feeling supported

Shifting the paradigm...

“Parents and professionals report a shift in their perceptions about people with FASD once their disability is understood from a neurological perspective. As a result, feelings toward those with FASD also change, moving from frustration to understanding and acceptance.”

–Diane Malbin



Strategies for the classroom

Developed by Erica Chidiac June 2005 Community Action Plan for Schools

Revised by Elle Ambrosi, Erica Chidiac and Shauna Ketsa for SD#57 Presentation February 2006

Resources:

Ann Streissguth "Fetal Alcohol Syndrome: Guidelines for Schools"

FASD Tool Kit

Research supported by the Northern Family Health Society

Action Plan

- Identification
- Assessing the individual needs of the student
- Assessing the need for in-service training
- Strategies for intervention

Recommended Factors to Consider

- Student history
- Previous assessments
- Professional consultations (psychologist, physiotherapist, occupational therapist, pediatrician)
- Specific academic/behavioural challenges the student faces
- Interventions that have been successful so far
- Strengths/potential of student
- Advocacy and peer support
- Lifespan approach

Changes to environment

- Use of white noise/music.
- Full Spectrum bulbs in light fixtures.
- Neutral colour on walls.
- Removal of noisy distractions and 'busy' displays.
- Removal of objects to minimize impulsive desire to steal. Often it is the object itself that is appealing.
- Try 'stress balls' or occupational therapy cushions that provide an outlet for movement.
- Blocking or regulating sunlight.
- Recognizing the limitations of the individual and planning alternate locations or activities in high stress situations.
- Develop immediate positive feedback/reward systems that encourage success.

Concrete terms, Language

- Directions should be simple, clear and direct.
- Academic modifications may be required.
- Only one instruction or goal should be introduced at a time.
- Write out instructions or steps.
- Use computers!
 - Students living with FASD often have hidden talents with computers because it is concrete tool, they can control what is happening and they can achieve success.
 - A computer has infinite patience, is non-judgmental and individuals can work at their own pace.

Structure and routine

- Keep it simple!
- Shape their schedule through the use of a calendar, booklet or visual symbols. Review frequently.
- Plan their day with them, and set goals for success.
- Use a systematic approach to improve their focus.
- Think ahead about possible obstacles.
- Learn cues for transition and change, minimizing disruption.
- Increases their confidence.

Repetition/Steps

- Recognize the individual limitations in the student and understand there are gaps in retaining and processing information.
- Academic modifications may be required, particularly in reading comprehension and math.
- Capitalize on the best learning style of the student (ie. visual, auditory, kinesthetic, tactile).
- Use repetition to break down information into manageable steps. This can be applied to tests, assignments or textbooks.
- Set realistic goals the student can achieve.
- Teach important life skills for living and coping with FASD.
- Foster success by building on their individual strengths.

Frequent Breaks

- Working in a quiet space, one-on-one away from the other students.
- Facilitating a shift of attention from one subject to another.
- Taking a walk with a support worker in the hallway (for example).
- Some teachers have been successful at framing a 'quiet space' where individuals can work, but that depends on the student and should never be done to purposely segregate a student, especially against their will.
- Having flexibility with break time as needed.

Consistency and rules

- Maintain the guidelines of **simple, concrete and direct**. Consistent rules will add structure and minimize conflict.
- Expectations and goals are more successful when they are set with the student and caregiver when required.
- Develop a plan to deal effectively with inappropriate behaviour.
- Continuous failure and frustration in work or behaviour indicates that the framework needs to be modified or negotiated.
- Teachers and support workers often need to shift their thinking around how they measure success.
- The ability to take responsibility for self and outcomes may happen in small steps, but flows best out of a structured environment.
- Positive encouragement can reframe expectations. Always acknowledge success, however minimal or insignificant.

Advocate for the student outside the classroom

- Enlist the support of an advocate they can trust to help monitor their progress.
- Collaborate with, and support, the family.
- Increase their self-esteem both in school and the community at large. (ie. school clubs, recreation, peer counselling and 'buddy' systems)
- Find activities that will reduce the risk of isolation or negative behaviours that result from impulse control problems and poor judgement, such as drug and alcohol use, sexual promiscuity or trouble with the law.
- Help them choose a meaningful elective will peak their interest in art or some other applied skill.
- Seek out alternative educational opportunities such as vocational or career technical training.
- Suggest community support through Northern Family Health Society. (ie. parent support, Youth Works Project)

Develop lesson plans that are inclusive

- Teaching tolerance in society begins in the classroom. Develop lessons that promote acceptance and inclusiveness of others and celebrate our differences.



Nutrition and life skills

- Advocate for the removal of high sugar, aspartame, food colourings, caffeine and processed foods from the diet as these have a disastrous affect on disabilities like ADHD, memory and processing.
- Plan and discuss good nutrition, regular exercise, and healthy lifestyle.
- Plan ways/methods to assist with money management.
- Examine personal strengths, discuss career paths and set goals for the future.
- Enlist the support of the Northern Family Health Society for additional strategies and support for teachers, parent/caregiver and student.

Key Points

- **Remember, FASD is brain damage.**
- Think and act positive.
- Accentuate strengths.
- Use positive incentive rather than consequences.
- Rules should focus on what to do, rather than what not to do.
- Don't wait for emotionally charged situations to escalate.
- Relationship is key, and needs to be built on respect.



Your attitude makes a big difference

- Try differently, not harder.
- Drop your assumptions.
- Make sure your expectations are realistic.
- Expect to change how you define or measure success.
- Keep in mind that your understanding, respect and compassion can improve someone's life dramatically.

“Teaching these students to shape their inappropriate behaviours into appropriate words and actions is perhaps even more useful to the student’s success in life than a specific math concept or lesson in grammar. Effective educators using a life-span orientation will look for ways to generalize these social and functional learning skills outside of the classroom and eventually to facilitate adaptive behaviour in the workplace.”

-Ann Streissguth, Fetal Alcohol Syndrome: A Guide for Families and Communities- Guidelines for Schools

Online Toolbox for Teachers of Students with FASD

<http://www.do2learn.com/disabilities/FASDtoolbox/>